FORM D

RECEIVED

UNITED STATES SECURITIES AND EXCHANGE COMMISSION OCT 1 5 2007 Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES 21 PLÆŠÚANT TO REGULATION D. **SECTION 4(6), AND/OR** UNÍKØRM LIMITED OFFERING EXEMPTION

OMB AD	IDDOV/AL							
	OMB APPROVAL							
OMB Number:	3235-0076							
Expires:	April 30, 2008							
Estimated aver	age burden							
hours per respo	onse16.00							
SEC US	E ONLY							
Prefix	Serial							
DATE RE	CEIVED							

1393999

Name of Offering (☐ Check if this is an ar LLC Units Offering	mendment and name has changed, and indicate change.)	
Filing Under (check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Secti	on 4(6) ULOE
Type of Filing: New Filing 🔲 A	mendment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the iss		
Name of Issuer (☐ check if this is an amend Alpha Theory, LLC	dment and name has changed, and indicate change.)	
Address of Executive Offices 2201 Coronation Blvd., Suite 140	(Number and Street, City, State, Zip Code) Charlotte, NC 28227	Telephone Number (Including Area Code) (704) 844-1018
Address of Principal Business Operations (If different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including PROCESSED
Brief Description of Business Development and marketing of investmen	it software.	Z_OCT-2 2 2007
		THOMSON
Type of Business Organization ☐ corporation		☑ other (please specify): limited liability
business trust	limited partnership, to be formed	company
Actual or Estimated Date of Incorporation or O	Month Year 1 2 0 5	7
	Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	N C

GENERAL INSTRUCTIONS

Who must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states min not require in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: · Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer, · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. General and/or Promoter Beneficial Owner Executive Officer □ Director 図 Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Hight, Cameron Business or Residence Address (Number and Street, City, State, Zip Code) 2201 Coronation Blvd., Suite 140, Charlotte, North Carolina 28227 ■ Executive Officer General and/or Check Box(es) that Apply: □ Promoter Beneficial Owner ☐ Director Managing Partner Full Name (Last name first, if individual) Huffman, David Business or Residence Address (Number and Street, City, State, Zip Code) 13154 Pavilion Lane, Fairfax, VA 22033 General and/or Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ■ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) WAZO, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1501 Independence Road, Greensboro, NC 27408 ☐ Executive Officer General and/or ☐ Director Check Box(es) that Apply: Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: General and/or ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. 1	NFORMAT	ION ABOU	T OFFERIN	G				
1 M	s the issuer sol	d or does the	iggrer intend								Yes	No 🛛
1. Has	s the issuer soi	u, or does me				umn 2, if fili				******	1 1	
2. Wha	t is the minim	um investme	nt that will be	accepted fro	om any indivi	dual?	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			\$ 5,000	
Does the offering permit joint ownership of a single unit?											Yes	No ⊠
4 Ent	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commis-											
sion to l list	n or similar re be listed is an the name of lealer, you ma	muneration for associated paths associated paths	or solicitation erson or age: dealer. If n	of purchases nt of a broke nore than five	rs in connecti er or dealer r e (5) persons	on with sales egistered wit to be listed	of securities h the SEC a	in the offerin nd/or with a	ng. If a perso state or state	n S,		_
	ne (Last name											
Business	or Residence	Address (Nu	mber and Stre	et, City, Stat	e, Zip Code)						•	
Name of	Associated B	roker or Deal	er					·			<u>.</u>	
States in	Which Persor	Listed Has S	Solicited or In	tends to Soli	cit Purchaser	S						
(Chec	k "All States"	or check indi	ividual States) . <u></u>								All States
□ (AL) □ (IL)		[AZ] [IA]	∐ [AR] □ [KS]	□ [CA] □ [KY]	□ [CO] □ [LA]	□ [CT] □ [ME]	☐ [DE]	☐ [DC] ☐ [MA]	□ [FL] □ [MI]	□ [GA] □ [MN]	∏ [HI] □ [MS]	
	☐ [IN] ☐ [NE]	□ [NV]		[נאן					[OH]			-
[RI]	□ [sc]		[מדן		🗆 [ហា]	□ [VT]	□ [VA]	□ [WA]	□ (WV)	□ [WI]	□ WY]	
Full Na	me (Last nar	ne first, if ir	dividual)									
Busines	s or Residen	ce Address	(Number an	d Street, Ci	ty, State, Zi	p Code)						
Name o	f Associated	Broker or I	Dealer							•	****	
States in	Which Persor	Listed Has S	Solicited or In	tends to Soli	cit Purchaser	· · · · · · · · · · · · · · · · · · ·						
(Chec	k "All States"										_	All States
	[AK]		☐ [AR]	[CA]	[] [co]		☐ [DE]		□ [FL]			
□ [IL] □ [MT]	☐ [IN] ☐ [NE]	□ [IA] □ [NV]	□ (KS) □ (NH)	[KY] [א]	□ [LA] □ [NM]	☐ (ME) ☐ (NY)	□ [MD] □ [NC]	[MA] □ [ND]	□ [MI] □ [OH]		☐ [MS] ☐ ☐ [OR]	
			[אדן		ןניזון [<u> </u>							
Full Nan	ne (Last name	first, if indiv	idual)					·				
Business	or Residence	Address (Nu	mber and Str	et, City, Stat	e, Zip Code)							
Name of	Associated B	roker or Deal	ėr									
			-									
States :-	Which Person	listed Us- 4	Solicited on T-	tande to Coli	ait Durchas	**						
(Chec	which Person k "All States"										🗀	All States
	[AK]			□ [CA]	[[co]		[DE]				[] (HI)	
□ (IL) □ (MT)	☐ [IN] ☐ [NE]	□ (IA) □ (NV)	□ [KS] □ [NH]	☐ [KY] [[NJ]	[LA] □ [NM]	[ME] [NY]	[MD] [NC]	☐ [MA] ☐ [ND]	□ [МІ] □ [ОН]	[MN] [OK]	□ [MS] □ [OR]	
			[אזז]				□ [VA]					

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF TRO	CELLID		
 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, 				
check this box [] and indicate in the columns below the amounts of the securities offered for exchange				
and already exchanged.		Aggregate Offering Price	A	mount Already Sold
Type of Security		-	\$ 0	
Debt			\$ <u>0</u>	
Equity			<u> </u>	
-	•	0	\$ 0	
Convertible Securities (including warrants).			\$ 0	
Partnership Interests				67,000
Other (Specify LLC Units)			_	67,000
Total Answer also in Appendix, Column 3, if filing under ULOE.		1,000,000	<u>" </u>	07,000
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of person who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero"				
p. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		NY 1		Aggregate
		Number Investors		Dollar Amoun of Purchases
				47.000
Accredited Investors		18	_	467,000
Non-accredited Investors		0	_ \$	0
Total (for filings under Ruler 504 only)		0	\$	0
Answer also in Appendix, Column 4, if filing under ULOE.				
securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Type of Security		Dollar Amous
Type of offering				
Rule 505		0	s	0
Regulation A			_ 	0
-				
Rule 504			_ s	
Total		0	_\$	0
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
Transfer Agent's Fees.			\$_	
Printing and Engraving Costs			\$	
Legal Fees		⊠	\$	10,000
Accounting Fees				
Engineering Fees				
Sales Commissions (specify finders' fees separately)				
Other Expenses (identify) Total				
			4	

C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND L	JSE OF	PROCEEDS	3	
b. Enter the difference between the aggregate offering tion 1 and total expenses furnished in response to Par "adjusted gross proceeds to the issuer."	t C - Question 4.a. This difference is the			s	990,000
Indicate below the amount of the adjusted gross procused for each of the purposes shown. If the amount festimate and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set forth in resp	for any purpose is not known, furnish an The total of the payments listed must equal			·	770,000
			Payments to Officers, Directors, & Affiliates		Payments To
Salaries and fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	⊠s.	200,000	_ ⊠ \$	100,000
Purchase of real estate		□ s .		_ 🗆 s	
Purchase, rental or leasing and installation of machi	nery and equipment	□ \$.		_ ⊠ s	100,000
Construction or leasing of plant buildings and facilit	ties	□ \$		_ 🗆 \$	
Acquisition of other business (including the value o offering that may be used in exchange for the assets issuer pursuant to a merger).	or securities of another	□s		_ 🗆 s	
Repayment of indebtedness		□s		_ 🗆 \$	
Working capital		□ s_		_⊠\$	590,000
Other (specify):		□\$ <u>_</u>		_ 🗆 \$	
		. 🗆 💲		_ 🗆 \$	
Column Totals		⊠\$	200,000	_ ⊠ \$	790,000
Total Payments Listed (column totals added)			⊠\$ <u>9</u>	90,000	 —
	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed be following signature constitutes an undertaking by the quest of its staff, the information furnished by the issue	issuer to furnish to the U.S. Securities an	d Exch.	ange Commis	sion, upo	tule 505, the n written re-
	Signature		Date	er <u>[0</u> , 2	007
- · · · · · · · · · · · · · · · · · · ·	Title of Signer (Print or Type) Manager		•		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions Yes No of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice of Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by th issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availabilit of this exemption has the burden of establishing that these conditions have been satisfied.
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the dersigned duly authorized person.
	Date October O. 2007
	me of Signer (Print or Type) Title (Print or Type) Manager

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2								5 Disqualification under State ULOE		
	non-acc	o sell to redited	Type of security and aggregate						e ULOE attach ion of		
		s in State -Item 1)	offering price offered in state		Type of investor and amount purchased in State						
<u> </u>	((Part C-Item 1)	Number of	(Part C	C-Item 2) Number of		waiver granted) (Part E-Item 1)			
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No		
AL	!										
AK											
AZ									·		
AR											
CA		Х	LLC Units; \$100,000	1	\$100,000	0	\$0		Х		
со											
СТ		Х	LLC Units; \$100,000	1	\$15,000	0	\$ 0		Х		
DE											
DC											
FL											
GA											
HI			,								
ID											
IL											
IN											
IA											
KS								. <u> </u>			
KY											
LA					····						
ME	-										
MD											
MA											
MI											
MN					<u>-</u>						
MS											
MO											

				Al	PENDIX					
1	Intend to non-act	to sell to credited s in State -Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MT										
NE										
NV					<u> </u>					
NH										
NJ							_			
NM										
NY		Х	LLC Units; \$50,000	2	\$15,000	0	\$ 0		Х	
NC		Х	LLC Units; \$700,000	4	\$327,000	0	\$ 0		Х	
ND				·						
ОН			·							
OK										
OR										
PA				!						
RI										
SC										
SD		<u></u>								
TN										
TX										
UT				_						
VT	-									
VA			:							
WA										
wv		Х	LLC Units; \$50,000	2	\$10,000	0	\$0		Х	
WI										
WY	,									
PR										

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